## THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA STUDENT REGISTRATION FORM

Only the parent (F.S. 1000.21(5)) who registers the student (i.e., completes this form), or others identified below, may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's responsibility to notify the school within 10 school days. For questions 6 and 7, please read the attached instructions.

. Student (Legal Name)	
Last 2. Address	First Middle  Bldg Apt City Zip Code
B. Home Phone	Cell Phone Email
I. Florida School I.D.	5. Student S.S.N(F.S. 1008.386 requires SBBC to request this information for the student's permanent record)
5. Ethnicity: Is the student of Hispanic, Latino or Spani	nish origin? YesNo
7. Race: W B B (Black or African American)	A AM/IND HAW/PI (Asian) (American Indian/Alaskan Native) (Native Hawaiian/other Pacific Islander)
8. Sex: Male Female 9. Current Grade Leve	rel 10. Birth Date / Verified with
1. Birthplace: City State	e or Country 12. Date of Entry into U.S/
Outside of Florida? Yes No Country	No If yes, name of county/state/country ndance: From / / To / / s No Program
7. Student lives with: Both Parents Father	MotherOther (relationship to student)
	vorced Separated Widow(er) Other
or phone, I will notify school staff within ten appropriate investigation, to have submitted fra he student is not assigned shall be immediately appropriate boundaried school. <u>I have read</u>	to the best of my knowledge. In the event of a change of name, address, a (10) days. I understand that students whose parents are found, after audulent information in an effort to enroll a student in a school to which by withdrawn by the school and the parent must enroll the student in the the above information (according to School Board Policy 5.1) and will be reported to the State's Attorney's Office.  Date:  Date:  No
	it from this school; fesNo
yes, print names here OR SCHOOL USE ONLY:	
ELL ELL Codes (Circle One) LY LF  Health Exam Certificate (for students entering a Florida school  Florida Certificate of Immunization (680) Form O  Temporary Exemption (if checked, enter expiration date	Temporary Custody Reassignment (must enter code)  LZ ZZ  I for the first time, a health exam must be done within one (1) year prior to the day of registration)  Overall Immunization Status

\* Registration information must be reviewed and confirmed for accuracy whenever a student changes schools or moves from elementary to middle school or middle to high school. The date(s) of review should be reflected here.

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